NOTICE OF INDEPENDENT REVIEW DECISION

July 10, 2003

MDR Tracking #:   M2-03-1336-01
IRO Certificate #:   IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an on-the-job injury on ___ with documented T11-12 herniated nucleus pulposus. He is now status post T11-T12 anterior fusion but has been complaining of persistent low back pain. He had one epidural steroid injection at L5-S1.

Requested Service(s)

Repeat lumbar MRI, three lumbar epidural steroid injections (ESI) and three lumbar facet injections at L5-S1

Decision

It is determined that the proposed repeat lumbar MRI, three lumbar epidural steroid injections (ESI) and three lumbar facet injections at L5-S1 are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

With significant back pain and questions of radiculopathy as described in the medical record, the proposed procedures are not unreasonable, but only after adequate conservative care. There is no documentation of adequate conservative care such as physical therapy and general back care. Such invasive measures are proposed after conservative therapy and objective diagnostics tests are run.

Based on a careful review of the provided documentation, there is no relationship of the patient's current symptoms to the incident of ___ or to any conditions related to that incident. Therefore, it is determined that the proposed repeat lumbar MRI, three lumbar epidural steroid injections (ESI) and three lumbar facet injections at L5-S1 are not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,